

**BRIGADIER GENERAL WILLIAM C. DOYLE VETERANS MEMORIAL CEMETERY****PRE-REGISTRATION FORM**

(ALL INFORMATION COVERED BY PRIVACY ACT)

PRE REG. NO.:

The rules and regulations of this State Veterans Cemetery state that the Veteran must be honorably discharged and have established legal residence prior to death or have been a legal resident of NJ for at least 50 percent of his/her lifetime.

**VETERANS INFORMATION**

VETERAN'S NAME : LAST, FIRST, MI

DATE OF BIRTH:

VET AKA/MAIDEN NAME:

CITY:

ZIP CODE:

SOCIAL SEC NO.:

COUNTY :

CLAIM NUMBER:

**MARITAL STATUS**MARRIED ☐ WIDOWED ☐ SINGLE ☐DIVORCED ☐ SEPARATED ☐**MEDALS**PH ☐ BS ☐SS ☐**DISCHARGE AVAILABLE**YES ☐ NO ☐

ORIG. OR COPY

SERVICE NO:

SS NO:

**MILITARY STATUS**ACTIVE DUTY ☐RETIRED ☐VETERAN ☐RESERVE ☐**PERIOD OF SERVICE**WWI ☐ PEACETIME ☐WWII ☐KOREA ☐VIETNAM ☐**ACTIVE DUTY DATES**

ENTERED

RELEASED

**RESERVE DATES**

ENTERED

RELEASED

HIGHEST RANK

BRANCH

**NEXT OF KIN INFORMATION**

PHONE NUMBER

NAME AND COMPLETE ADDRESS

**RELATIONSHIP**WIFE ☐ HUSBAND ☐ SON ☐ DAUGHTER ☐MOTHER ☐ FATHER ☐ SISTER ☐ BROTHER ☐

OTHER:

DEPENDENTS YES ☐ NO ☐ AGE

DOB OF SPOUSE

VET ALSO

SS# OF SPOUSE

YES OR NO

**RELIGIOUS DATA**

RELIGIOUS DENOMINATION

CATHOLIC ☐ PROTESTANT ☐JEWISH ☐OTHER ☐**RELIGIOUS EMBLEM**LATIN CROSS ☐OTHER ☐ #NONE ☐ (#99)**BURIAL PREFERENCE**FULL CASKETED BURIAL ☐**CREMATION**IN GROUND ☐COLUMBARIUM ☐**BGWCDVMC-BURIAL REGULATIONS**

WHEN THE SPOUSE AND/OR DEPENDENT OF A VETERAN PREDECEASES THE VETERAN, INTERMENT AT THE BRIGADIER GENERAL WILLIAM C. DOYLE VETERANS MEMORIAL CEMETERY IS PERMITTED WITH THE STIPULATION THAT UPON THE DEATH OF THE VETERAN HE/SHE AGREES TO BE INTERRED WITH THE SPOUSE AND/OR DEPENDENT.

FAILURE TO COMPLY WITH THIS REGULATION WILL RESULT IN THE DISINTERMENT OF THE VETERAN'S SPOUSE AND/OR DEPENDENT AT THE COST OF THE NEXT OF KIN.

I HAVE READ AND UNDERSTAND THIS REGULATION AND WILL COMPLY.

**X**

NJDMAVA FORM 24P, MAR 2004

**TO PRE-REGISTER:** Attach copy of DD 214/ separation papers and Proof of NJ residency**COMPLETE THIS FORM AND MAIL BACK TO THE CEMETERY**

B/G WILLIAM C DOYLE VETERANS' MEMORIAL CEMETERY

350 PROVINCELINE ROAD

WRIGHTSTOWN NJ 08562

**SECTION VIII - VETERAN STATUS VERIFICATION** (FOR BGWCDVM OFFICE USE ONLY)

**NEWARK REGIONAL OFFICE**

CONTACTS NAME: \_\_\_\_\_

DATE: \_\_\_\_\_ TIME: \_\_\_\_\_

HONORABLE: YES ☐ NO ☐

SERVICE CONNECTED DISABILITY YES ☐ NO ☐

PERCENTAGE OF COMPENSATION \_\_\_\_\_ %

NON-SERVICE CONNECTED DISABILITY PENSION YES ☐ NO ☐

RECORDS LOCATED IN:		NO RECORD:
<i>RPC ST. LOUIS</i> <input type="checkbox"/>	<i>OTHER</i> <input type="checkbox"/>	<i>CALVERTION</i> <input type="checkbox"/>
CONTACT: _____	CONTACT: _____	CONTACT: _____
DATE: _____	DATE: _____	DATE: _____
TIME: _____	TIME: _____	TIME: _____
VERIFIED BY: _____	VERIFIED BY: _____	VERIFIED BY: _____
HONORABLE: YES <input type="checkbox"/> NO <input type="checkbox"/>	HONORABLE: YES <input type="checkbox"/> NO <input type="checkbox"/>	HONORABLE: YES <input type="checkbox"/> NO <input type="checkbox"/>

NOTES:

**BGWCDVMC- BURIAL REGULATIONS IX**

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